

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <u>09/767,041</u>	FILING DATE <u>1-22-01</u>
						<u>6/22/04</u> CLAIMS	
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	6	-	2	-			
TOTAL DEP.	92	-	90	-			
TOTAL CLAIMS	33	[REDACTED]	91	[REDACTED]			

^{*} MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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